

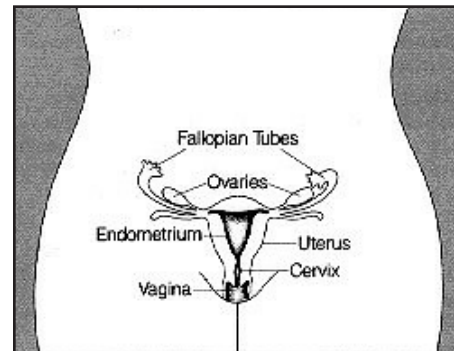


What You Need To Know About Cancer of the Cervix

Each year, about 15,000 women in the United States learn that they have cancer of the cervix. The cervix is the lower, narrow part of the uterus (womb). The uterus, a hollow, pear-shaped organ, is located in a woman's lower abdomen, between the bladder and the rectum. The cervix forms a canal that opens into the vagina, which leads to the outside of the body.

Cancer is a group of more than 100 different diseases. Cancer occurs when cells become abnormal and divide without control or order.

Like all other organs of the body, the cervix is made up of many types of cells. Normally, cells divide to produce more cells only when the body needs them. This orderly process helps keep us healthy. If cells keep dividing when new cells are not needed, a mass of tissue forms. This mass of extra tissue, called a growth or tumor, can be benign or malignant.



This picture shows the uterus, cervix, and other parts of a woman's reproductive system.

- Benign tumors are not cancer. They can usually be removed and, in most cases, they do not come back. Most important, cells from benign tumors do not spread to other parts of the body. Benign tumors are not a threat to life. Polyps, cysts, and genital warts are types of benign growths of the cervix.
- Malignant tumors are cancer. Cancer cells can invade and damage tissues and organs near the tumor. Cancer cells also can break away from a malignant tumor and enter the lymphatic system or the bloodstream. This is how cancer of the cervix can spread to other parts of the body, such as nearby lymph nodes, the rectum, the bladder, the bones of the spine, and the lungs. The spread of cancer is called metastasis.

Cancer of the cervix also may be called cervical cancer. Like most cancers, it is named for the part of the body in which it begins. Cancers of the cervix are also named for the type of cell in which they begin. Most cervical cancers are squamous cell carcinomas. Squamous cells are thin, flat cells that form the surface of the cervix.

Early Detection

If all women had pelvic exams and Pap tests regularly, most precancerous conditions would be detected and treated before cancer develops. That way, most invasive cervical cancer could be prevented. Any invasive cancer that does occur would likely be found at an early, curable stage.

In a pelvic exam, the doctor checks the uterus, vagina, ovaries, fallopian tubes, bladder, and rectum. The doctor feels these organs for any abnormality in their shape or size. A speculum is used to widen the vagina so that the doctor can see the upper part of the vagina and the cervix.

The Pap test is a simple, painless test to detect abnormal cells in and around the cervix. A woman should have this test when she is not menstruating; the best time is between 10 and 20 days after the first day of her menstrual period. For about 2 days before a Pap test, she should avoid douching or using spermicidal foams, creams, or jellies or vaginal medicines (except as directed by a physician), which may wash away or hide any abnormal cells.

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A Pap test can be done in a doctor's office or a health clinic. A wooden scraper (spatula) and/or a small brush is used to collect a sample of cells from the cervix and upper vagina. The cells are placed on a glass slide and sent to a medical laboratory to be checked for abnormal changes.

The way of describing Pap test results is changing. The newest method is the Bethesda System. Changes are described as low-grade or high-grade SIL. Many doctors believe that the Bethesda System provides more useful information than an older system, which uses numbers ranging from class 1 to class 5. (In class 1, the cells in the sample are normal, while class 5 refers to invasive cancer.) Women should ask their doctor to explain the system used for their Pap test.

Women should have regular checkups, including a pelvic exam and a Pap test, if they are or have been sexually active or if they are age 18 or older. Those who are at increased risk of developing cancer of the cervix should be especially careful to follow their doctor's advice about checkups. Women who have had a hysterectomy (surgery to remove the uterus, including the cervix) should ask their doctor's advice about having pelvic exams and Pap tests.

Symptoms

Precancerous changes of the cervix usually do not cause pain. In fact, they generally do not cause any symptoms and are not detected unless a woman has a pelvic exam and a Pap test. Symptoms usually do not appear until abnormal cervical cells become cancerous and invade nearby tissue. When this happens, the most common symptom is abnormal bleeding. Bleeding may start and stop between regular menstrual periods, or it may occur after sexual intercourse, douching, or a pelvic exam. Menstrual bleeding may last longer and be heavier than usual. Bleeding after menopause also may be a symptom of cervical cancer. Increased vaginal discharge is another symptom of cervical cancer.

These symptoms may be caused by cancer or by other health problems. Only a doctor can tell for sure. It is important for a woman to see her doctor if she is having any of these symptoms.

Treatment

Treatment for a precancerous lesion of the cervix depends on a number of factors. These factors include whether the lesion is low or high grade, whether the woman wants to have children in the future, the woman's age and general health, and the preference of the woman and her doctor. A woman with a low-grade lesion may not need further treatment, especially if the abnormal area was completely removed during biopsy, but she should have a Pap test and pelvic exam regularly. When a precancerous lesion requires treatment, the doctor may use cryosurgery (freezing), cauterization (burning, also called diathermy), or laser surgery to destroy the abnormal area without harming nearby healthy tissue. The doctor also can remove the abnormal tissue by LEEP or conization. Treatment for precancerous lesions may cause cramping or other pain, bleeding, or a watery discharge.

In some cases, a woman may have a hysterectomy, particularly if abnormal cells are found inside the opening of the cervix. This surgery is more likely to be done when the woman does not want to have children in the future.

What the Future Holds

The outlook for women with precancerous changes of the cervix or very early cancer of the cervix is excellent; nearly all patients with these conditions can be cured. Researchers continue to look for new and better ways to treat invasive cervical cancer. Patients and their families are naturally concerned about what the future holds. Sometimes patients use statistics to try to figure out their chances of being cured. It is important to remember, however, that statistics are averages based on large numbers of patients. They cannot be used to predict what will happen to a particular woman because no two patients are alike; treatments and responses vary greatly. The doctor who takes care of the patient and knows her medical history is in the best position to talk with her about her chance of recovery (prognosis).

Doctors often talk about surviving cancer, or they may use the term remission rather than cure. Although many women with cervical cancer recover completely, doctors use these terms because the disease can recur. (The return of cancer is called a recurrence.)

– Source: National Cancer Institute, Bethesda, Maryland